										7 () L L C
AMEN	OF NDED	PUBL 1	Registration District No	Prin	nary Registration I	District No. / Q Q	Registrar's No	102	STATE FILE	E NUMBER
		[=	I. PLACE OF DEATH	R 7 1962	·		2. USUAL RESIDE	NCE (Where decease	ed lived. If instituti	ion: Residence before
ا اھا	1	ŀ		Jackson			34	souri b. COUN		admission)
ATE AMENDED			b. CITY (If outside co	orporate limits, give TOWN	SHIP only)	Length of stay in 1b	c. CITY			Inside Limits
\ \	j	▎▮.	TOWN Kan	sas City		2 days		arkville	·	Yes 🔯 No 🗆
<u> </u>			c. FULL NAME OF (IF HOSPITAL OR	NOT in hospital, give loca	tion)	Inside Limits	d. STREET ADDRESS	**	tside, give location)	Reside on Farm
MO		-	INSTITUTION	Research Ho	spital	Yes 7 No 🗆	R	. R. #2	Box 32	Yes No-
			3. NAME OF DECEASED (Type or print)			iddle	Last	4. DATE OF		ay Year
				Minnie			Sparks		eb. 19, 1	.962 YEAR IF UNDER 24 F
			5. SEX Female	6. COLOR OR RACE White	7. Married X			896 65		Bys Hours Mir
		│ 	10a, USUAL OCCUPATION	I (Give kind of work done	10b. KIND OF B	USINESS OR INDUST	, ,	(City and state or cou	untry) 12. CITIZEN	OF WHAT COUNTRY
]]]			House Wife	ing life, even if retired)			Agra, C	klahoma	USA	1
			13a, FATHER'S NAME			THER'S MAIDEN NA	_	l '	E OF HUSBAND OR	
	-		John J or			ettie Hend CIAL SECURITY NO.		0117	er R. Spa	rks
		1	(Yes, no, or unknown) [(If	R IN U.S. ARMED FORCES? f yes, give war or dates of	I	CIAL SECURITY NO.	Oliver S	inarka D	arkville.	Mo.
1 1 1		,_ I -	NO I	I (Enter only one cause per DEATH WAS CAUSED BY	line fo		011761	parks 1	arkvirie,	INTERVAL BETWEE
		DOCUMEN	PART I.		1000	neops,	of the m	esencer	e Vanels	ONSET AND DEATH
j		Š		IMMEDIATE CAUSE (a	0772					7 - 1 - 0 - 0 - 0
EAD OF					/ 2	eacend.	-c col	-		
		8	Conditio	ons, if any,) DUE TO ()	athero	seleratio	oulus	ion of the	aboloming	e 16 hours
NST		8	which g	cause (a).	athero	e seende selenotie and	Ocelus a	ion of the	aboloming	e 16 hour
INST		DG	which g above stating lying o	cause (a), the under- cause last. DUE TO (c) Gene	seleration and	occlus a seulor	ion of the Sclare	abdoming	e 16 hours 3 year
INST			which g above stating lying o	cause (a), the under-	c) general conditions con	Selection and the selection of the selec	Declus A Severa TH but not related to	Sclares	PART III. If decease there a pro-	3 year
INST			which cabove stating lying of PART II	cause (a), the under- cause last, DUE TO (OTHER SIGNIFICANT C disease condition given	c) general conditions con		Occlus Scular TH but not related to	Sclare to the terminal		egnancy in last 90 da
INST			which cabove stating lying of PART II	cause (a), the under-cause last, DUE TO (disease condition given 20a. ACCIDENT SUICID	c) <u>gene</u> ONDITIONS CON in PART I (a)	uà a	Occlus Sevente Seve	och	there a pro	egnancy in last 90 de
INST			which cabove stating lying of PART II	pave rise to cause (a), the undercause last. DUE TO (cause last.) DUE TO	CONDITIONS CON	uà a	nd Sh	och	there a pro	egnancy in last 90 da
INST			which cabove stating lying of PART II	pave rise to cause (a), the undercause last. DUE TO (in the undercause last. DUE TO (in the undercause last.) DUE TO (in the undercause condition given in the undercause last in the u	CONDITIONS CON	uà a	nd Sh	och	there a pro	egnancy in last 90 da
INST			19. WAS AUTOPSY PERFORMED? YES IN NO INJURY P.m.	pave rise to cause (a), the undercause last, DUE TO (cause last, DUE TO (cause last, DUE TO (cause condition given disease dis	c) Gender on Difference on Dif	20b. DESCRIBE HO	OW INJURY OCCURRE	D. (Enter nature of in	there a pro	egnancy in last 90 de
INST			which cabove stating lying of PART II	pave rise to cause (a), the undercause last, DUE TO (cause last, DUE TO (cause last, DUE TO (cause condition given disease dis	c) Gender on Difference on Dif	20b. DESCRIBE HO	nd Sh	D. (Enter nature of in	there a pro	egnancy in last 90 de
INST			19. WAS AUTOFSY PERFORMED? YES WAS NO INJURY D.m. 20d. INJURY OCCURR WHILE AT WORL NOT WHILE WORL NOT WHILE WHILE WORL NOT WHILE WORL WORL WORL WORL WORL WORL WORL WORL	zouse (a), the undertause (a), the undertause last. DUE TO (consistence of the undertause last. DUE TO (consistence of the undertause last. DUE TO (consistence of the undertause of the underta	c) Gender on Difference on Dif	20b. DESCRIBE HO	OW INJURY OCCURRE	D. (Enter nature of in	there a pro	egnancy in last 90 de
READ			IP. WAS AUTOPSY PERFORMED? YES NO INJURY OCCURR WHILE AT WORM NOT WHILE AT 121. I attended the de	zouse (a), the undertause (a), the undertause last. DUE TO (consistence of the undertause last. DUE TO (consistence of the undertause last. DUE TO (consistence of the undertause of the underta	c) Gender on Difference on Dif	20b. DESCRIBE HO	201. CITY, TOWN, O	D. (Enter nature of in	there a property in PART I or PAI	egnancy in last 90 de No Unkno
READ		Asher	19. WAS AUTOPSY PERFORMED? YES NO 1 INJURY OCCURR WHILE AT WORL NOT WHILE AT 21. I attended the de Death occurred to	pave rise to cause (a), the undercause (a), the undercause last. DUE TO (considered for the undercause last. DUE TO (considered for the undercause last. DUE TO (considered for the undercause last). DUE	c) Gender on Difference on Dif	20b. DESCRIBE HO	OW INJURY OCCURRE	D. (Enter nature of in	COUNTY con February in part I or pa	egnancy in last 90 de No Unkno Unkno STATE STATE - 1962 the causes stated.
INST			IP. WAS AUTOPSY PERFORMED? YES NO INJURY OCCURR WHILE AT WORM NOT WHILE AT 121. I attended the de	pave rise to cause (a), the undercause (a), the undercause last. DUE TO (considered for the undercause last. DUE TO (considered for the undercause last. DUE TO (considered for the undercause last). DUE	C) GENERAL CONDITIONS CON IN PART 1 (a) CONDITIONS CON IN PART 1 (a) CONDITIONS CONTINUES CONTIN	20b. DESCRIBE HO	20f. CITY, TOWN, Co	D. (Enter nature of in	COUNTY con February in part I or pa	egnancy in last 90 de No Unkno RT II of item 18.) STATE The causes stated.
SHOULD READ INST		VIT OF INAM ASher	19. WAS AUTOPSY PERFORMED? YES WAS NOT WHILE AT WORL NOT WHILE AT WORL NOT WHILE AT 21. I attended the de Death occurred (22a. SIGNATURE)	20a. ACCIDENT SUICID Thomas and the month, Day, Year WORK 20a. ACCIDENT SUICID Thomas and the month, Day, Year Thomas and the month and	ONDITIONS CON IN PART 1 (a) ONDITIONS CON IN PART 1 (a) OF INJURY (e.g., factory, street off	20b. DESCRIBE HO	20f. CITY, TOWN, Co. 20f. CITY, TOWN, Co. 20f. ADDRESS / Co.	D. (Enter nature of in	COUNTY COUNTY Con Feb :	egnancy in last 90 de No Unkno Unkno STATE STATE - 1962 the causes stated.
NO. SHOULD READ INST		VIT OF INAM ASher	19. WAS AUTOPSY PERFORMED? YES IZ NO [] 20c. TIME OF HOU INJURY OCCURR WHILE AT WORK NOT WOR	20a. ACCIDENT SUICID T Month, Day, Year WORK 23b. DATE 2/21/62	OF INJURY (e.g., actory, street off Memo 1	in or about home, ice bidge, etc.) 20b. DESCRIBE HO in or about home, ice bidge, etc.) 20b. DESCRIBE HO ice bidge, etc.) 20b. DESCRIBE HO ice bidge, etc.)	20f. CITY, TOWN, Cothe date stated above, 22b. ADDRESS / CEMATORY	D. (Enter nature of in R LOCATION A last saw her alive and to the best of m 2 2 0 Pcc 23d. LOCATION (Cit Kan 88	COUNTY COUNTY	STATE STATE - 1862 the causes stated.
SHOULD READ INST		r AFFIDAVIT OF GRANDER CONTROLL IN TANAM ASHOF	19. WAS AUTOFSY PERFORMED? YES ZE NO INJURY D.m. 20d. INJURY OCCURR WHILE AT WORLD NOT W	20a. ACCIDENT SUICID T Month, Day, Year WORK 23b. DATE 2/21/62	ONDITIONS CON IN PART I (a) OF INJURY (e.g., factory, street afficiency of the part of th	in or about home, ice bidge, etc.) 20b. DESCRIBE HO in or about home, ice bidge, etc.) 25 Jan on the control of the control	20t. CITY, TOWN, Co. 20t. CITY, TOWN, Co. 20t. ADDRESS	D. (Enter nature of in R LOCATION A last saw her alive and to the best of m 2 2 0 Pcc 23d. LOCATION (Cit Kan 88	COUNTY COUNTY con Febrary knowledge, from the county, town, or county)	state - /P6 2 the causes stated. 22c. DATE SIGN (State)

STATEMENT BY LICENSED EMBALMER

or by	, Student Embalmer No
working under my personal supervision.	111: 016.
Student	Signed William Hay
Signature of Student Embalmer	
	Licensed Embalmer No. 4728
•	O_{i}^{j}
	P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.